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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete if Known	
Sheet <u>1</u> of <u>1</u>		Application Number _____ Filing Date _____ First Named Inventor <u>Kathryn M. Carleson</u> Art Unit _____ Examiner Name _____ Attorney Docket Number <u>7669</u>	_____ _____ _____ _____ _____ _____

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
JN	1	US- 934815	08/22/2001	LaFeber	
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**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**


(Use as many sheets as necessary)

Complete if KnownSheet 1 of 1

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Filing Date	
First Named Inventor	Kathryn M. Carleson
Art Unit	
Examiner Name	
Attorney Docket Number	7669

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